

# **EXHIBIT 26**

10/19/2012 08:13 FAX 97135517544

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EDUCATIONAL COMMISSION FOR  
FOREIGN MEDICAL GRADUATES3624 Market Street  
Philadelphia PA 19104-2685 USA  
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**Fitness for Duty**  
**(Authorization to Return from Medical Leave.)**

Employee Name: Artis Ellis Job Title: Center Manager  
Physician Name: Dr. Tom M. Thom

**MANAGER:**

*Highlight all essential functions of the job on a copy of the employee's JD and attach to this form for the employee to provide his/her physician. Be sure to review areas such as Job Summary, Physical Demands, Work Environment, Skills and Abilities and Duties and Responsibilities.*

**MUST BE COMPLETED BY PHYSICIAN:**

1. Is employee able to perform the essential functions of the position as highlighted on the attached job description with or without an accommodation? (Answer the question only after reviewing the attached job description and discussing with the employee/patient.) Check Yes or No:

Yes      No  
☒      ☐

2. Date the employee is able to return and perform all job functions:

10/22/2012

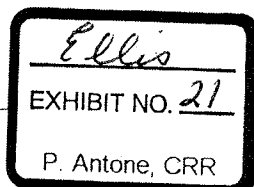
3. If an accommodation is needed for an ADA covered disability, please indicate suggestions for the type of accommodation that would enable the employee to perform the essential functions of his/her job:

Signature of Employee: Artis Ellis Date: 10/14/12

Signature of Physician: Dr. Thom Date: 10/16/2012

Type of Practice (Field of Specialization, if any): Endocrinology

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